

35/9/15



HAMPSHIRE COUNTY COUNCIL

Annual Health Report

OF THE

County Medical Officer

H. LESLIE CRONK, M.A., M.D., D.P.H.

FOR THE YEAR

1953

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HAMPSHIRE COUNTY COUNCIL

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H A M P S H I R E C O U N T Y C O U N C I L

ANNUAL HEALTH REPORT of the COUNTY MEDICAL OFFICER

for the year

1953

P R E F A C E

Reviewing the statistics of deaths in the County in 1953 it is disappointing to find an increase in infant mortality and maternal mortality. With regard to the former there were more deaths in each of the Registrar-General's categories with the exception of whooping cough, and "all other accidents", which latter may have something to do with the emphasis health visitors have been putting on the prevention of accidents in their teaching. Although the numbers of deaths of infants under 12 months from tuberculosis is only three, this compares unfavourably with the absence of deaths of infants from this cause in 1952, and emphasises the need for continued exertion to find infectious cases early. It is, however, satisfactory to report that stillbirths have not increased nor the number of premature babies dying under the age of 1 year, nor the total number of babies dying under 1 month. The number of illegitimate babies was slightly lower than in 1952 and of these more were still with their mothers at the end of the year.

With regard to maternal mortality it is rather misleading to include deaths which, although attributable to some degree to illness due to pregnancy, occurred some years after the causative pregnancy.

The lack of any obvious improvement in the incidence of tuberculosis is also disappointing, but that notifications increase may reasonably be partly due to the notification of a number of cases which are so slight that in former years they would not have been included.

The reasons for the general rise in incidence of notifiable infectious diseases are unknown; the only exception is dysentery which frequently escapes notification because of the mildness of the common form. The increase in cases of measles is of course the expected biennial one: this disease is now generally so mild that it causes no deaths but because of possible lung complications may have unfortunate results in later childhood.

Schemes for the welfare of the sick, young and old, are filling the need to a reasonable extent. Home helps for families where there are aged or chronic sick relieves the strain on their attendants and the call on institutional beds. The striking increase in the number of aged, infirm and sick attended from 786 to 1054 shows the trend of the service. It will be noted that it is now possible where the need is established to obtain residential help in a limited number of cases.

The provision of convalescence ("holiday homes") for cases who are certified by their doctors to need it has been of great benefit to many in preventing illness or securing a return to health after illness or operation.

The Care Committees for the Tuberculous are filling a twofold need by relieving the anxiety of patients and relatives financially by provision of necessary articles of clothing and food, and by assisting in recovery by providing, where possible, useful occupation. It is hoped before long to be able to cover the County.

The arrangements concluded with the Ministry of Labour with regard to the training of entrants to the Mount Industries, and the improved facilities shortly it is hoped to be available, are mentioned in the Report. This Industry makes a worthwhile contribution to rehabilitation of the tuberculous but can only partly meet the needs.

I would draw attention to the useful work of the Occupation Centres for the mentally defective. In spite of the accommodation which could be considerably improved, the results, by relieving parents and socializing those attending, are very considerable. The results of following up those who ceased to attend are very interesting. The provision of further centres or, since this is largely a rural county, some form of home tuition is under consideration.

I conclude this introduction with appreciation of the good spirit of co-operation between the other Health Services: it has been abundantly shown that where co-operation is not too good this spirit only lacks means of expression, and useful procedures have only to be discussed to be welcomed.

STAFF

The Senior Public Health Officers employed at 31st December, 1953, by the County Council as Local Health Authority are as follows :-

- H.L. Cronk, M.A., M.D., D.P.H.
County Medical Officer.
- L.J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer.
- Audrey M. Hughes, M.B., B.S., D.P.H.
Senior Assistant County Medical Officer for
Maternity and Child Welfare.
- J.L. Farmer, M.B., Ch.B., D.P.H.
Senior Assistant County Medical Officer for
Mental Health.
- C.C. Chadwick, L.D.S.,
Senior Dental Officer.
- C.G. Cartwright
Chief Administrative Assistant
- Miss E. Stevenson
Superintendent Health Visitor
- Miss G.M. Cooper
County Nursing Superintendent
- Miss L.M. Hamilton
County Organiser, Home Help Service.
- E.T. Mallinson, County Ambulance Officer

COMMITTEES

The County Council's responsibilities as Local Health Authority are carried out through its Health Committee, which has the following Sub-Committees :-

- (i) Health (General Purposes) Sub-Committee
This Sub-Committee has appointed a special sub-committee:
i.e. The Mount Industries Sub-Committee.
- (ii) Health Centre Sites Sub-Committee
- (iii) Mental Health Sub-Committee
- (iv) Twenty District Health Sub-Committees

VITAL STATISTICS

	Male	Female	Total	Rate per 1000 pop.	England and Wales	
Live Births: Legitimate	5395	5071	10466	15.4)	16.2	15.5
Illegitimate	276	255	531	0.8)		
Stillbirths: Legitimate	98	89	187	0.28)	0.31	0.35
Illegitimate	6	14	20	0.03)		
DEATHS 	3829	3598	7427	11.0		11.4

Maternal Mortality

	Number	Rate per 1000 Total Births	England and Wales
Pregnancy, Childbirth and Abortion	11	1.00	0.76

Deaths of Infants under one year

	Number	Administrative County	England and Wales
All Infants per 1,000 Live Births	265	24.1	26.8
Legitimate Infants per 1,000 Legitimate Births	251	23.9	-
Illegitimate Infants per 1,000 Illegitimate Births	14	26.4	-

The population of the County as estimated by the Registrar-General was, in mid. 1953, 676,200 - Urban Districts 375,750, Rural Districts 300,450. This number includes non-civilians.

INFANTILE MORTALITY

The number of babies dying under the age of one month in 1953 as reported by the Registrars of Births and Deaths was 97. These can be sub-divided in the following way :-

Dying before 24 hours	51
Dying from one day to two weeks	42
Dying from two weeks to one month	4

The causes of death as certified vary according to the age at death in the following manner :-

Cause	Age at Death			
	Under 24 hours	1 day to 2 weeks	2 weeks to 1 month	Total
Prematurity	16	21	-	37
Congenital Deformities ...	4	3	1	8
Cerebral Haemorrhage ...	4	5	1	10
Inanition, Marasmus ...	2	1	-	3
Bronchitis, Broncho-pneumonia	-	7	1	8
Atelectasis	12	6	-	18
Erythroblastosis, icterus ...	1	1	-	2
Asphyxia	-	1	-	1
Congenital Heart Defect ...	1	3	-	4
Other Causes	2	3	1	6
Total ...	42	51	4	97

MATERNAL MORTALITY

According to information supplied by the Registrar-General the 11 maternal deaths attributable to this County were caused as follows :-

Toxaemia	4	Puerperal Sepsis	2
Air embolism	1	Ruptured ectopic	
Post-partum haemorrhage	1	pregnancy	1
Haemorrhage due to ruptured uterus	1	Obstetric shock due to P.P.H.	1

The ages at death of these patients were as follows :-

20 to 29 years	5	30 to 39 years	2
40 to 49 "	3	56 years	1

In 2 cases where the deaths were stated on the death certificates to be attributable to toxaemia, among other causes, the pregnancies had occurred some years ago.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

(a) Ante-Natal Clinics

At the end of the year there were 22 clinics functioning in the County and these held 697 sessions, all except one having been conducted by a General Practitioner of whom only 3 received a fee from the County Council.

The number of women who attended during the year was 3337, and these made 7194 attendances: 359 women attended for Post-Natal examination.

An additional clinic was opened at Stockheath.

The Hamble clinic was suspended after the meeting on the 28th May, 1953.

(The one clinic at Whitehill conducted by an Assistant County Medical Officer was suspended after the meeting on 5th April, 1954.)

Ante-Natal Educational Classes in Relaxation and Exercises have been extended during the year. Dr. Hilda Price Hunt has given 11 demonstration classes to midwives at Andover and midwives are now conducting classes for mothers in Boldre, Christchurch, Fareham, Farnborough, Hartley Wintney, Lymington, Odiham, Fordingbridge and Ringwood.

(b) Expectant Mothers - Routine Chest X-Ray

In the course of 1952 a report was issued by the Technical Advisory Sub-Committee of the National Birthday Trust Fund on arrangements for the care of tuberculous pregnant women. Conclusions in that report were that :-

- (1) Every pregnant woman should have a radiograph of the chest.
- (2) While two X-rays during pregnancy are desirable, until arrangements can be made for this to be done, one picture is essential for all normal pregnant women, and should be made as early as possible, and in any case before the 24th week of pregnancy.
- (3) Where the use of Mass Radiography is not practicable, use should be made of reducing cameras. Lack of facilities for miniature radiography, however, must not be allowed to prevent the carrying out of this investigation.

In a largely rural area such as Hampshire, dependent on Mass X Ray Units located at Bournemouth, Portsmouth, Southampton and Worcester Park, and with no hope of utilising reducing cameras, the

carrying out of these recommendations is impossible, but it was felt that it might be possible for those women living in the County, but whose confinement was to take place in a Maternity Unit in the areas of the Group Management Committee of Winchester or one of the County Boroughs and who attended for Ante-natal care the hospital in those places, to have chest X ray as part of this care.

Enquiries were therefore made and the situation appears to be as follows :-

Winchester: No arrangements for routine X-ray are possible until a camera taking small pictures is available, which will not be in the near future.

Bournemouth: Routine X-rays being done.

Portsmouth: Routine X-rays at first visit. In 1952 2 active and 24 inactive post primary infections were detected in 1802 women, and in 1953 4 active and 15 inactive in 1817 women.

Southampton: No possibility of X-raying County cases until a static unit is available.

Farnham: The Hospital Management Committee are considering possibilities.

Reading: Arrangements will be made when the Chest Clinic opens at the Battle Hospital.

Salisbury: No arrangements.

(c) Maternity Outfits

During the year 3,835 maternity outfits were issued to patients: 3,805 by midwives and 30 by doctors under E.C.24.

(d) Child Welfare Centres

At the end of the year there were 160 Centres open, 6 more than at the end of 1952. No Centres were closed during the year.

The number of children attending during the year was 19,856 and these children made 119,262 attendances (under one year 68,960; over one and under two years 24,387; and over two years 25,915).

(e) Care of Premature Babies

The care of premature babies and their transport to special accommodation where available has been under consideration for some time. The position now is that admissions to the Maternity Department at St. Mary's Hospital, Portsmouth are made through that hospital, which sends out an ambulance with trained paediatric nurses and incubator.

Admission to the Maternity Department at the General Hospital, Southampton, is similarly arranged.

In respect of Winchester, a County Council ambulance is available on request by the hospital, which supplies the nurse and incubator. Admissions to Farnham, Aldershot and Reading are extremely few and no special arrangements are made.

If a baby needs admission from the County area adjacent to Bournemouth, a Bournemouth ambulance is used, the ambulance driver being specially instructed and taking an oxygen tent from his depot.

The following table shows the survival rate of premature babies in 1953.

Weight in lbs. oz. or grammes	Total number of Premature Infants born alive who					% Survived to one Month
	Died in first 24 hrs	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	T O T A L	
2lbs.3oz. or less (1000 gms. or less)	10	8	2	2	22	9.1 (3.7)
Over 2lbs.3ozs. up to and including 3lbs.4ozs. (Over 1000 gms. up to and including 1500 gms.)	14	11	4	20	49	40.8 (50.0)
Over 3lbs.4ozs. up to and including 4lbs.6ozs. (Over 1500 gms. up to and including 2000 gms.)	11	11	1	111	134	82.8 (77.0)
Over 4lbs.6ozs. up to and including 4lbs.15ozs. (Over 2000 gms. up to and including 2250 gms.)	2	2	-	150	154	97.4 (90.3)
Over 4lbs.15ozs. up to and including 5lbs.8ozs. (Over 2250 gms. up to and including 2500 gms.)	3	9	2	274	288	95.1 (96.1)
TOTALS	40 (40)	41 (42)	9 (12)	557 (499)	647 (593)	86.1 (84.1)

The figures in brackets are those for 1952.

(f) Dental Care

The dental care of expectant and nursing mothers and children under school age is undertaken by the County Dental Officers throughout the County area. The majority of cases are referred direct from the Maternity and Child Welfare Clinics, but as the service becomes better known more and more direct applications for treatment should be forthcoming.

During 1953 133 sessions were worked on Maternity and Child Welfare patients but when sufficient dental staff is available it will be possible to expand the work, and it is the aim of the Authority eventually to provide a routine dental examination of every expectant and nursing mother as soon as possible after her first visit to the Ante-Natal Clinic. It should be possible also to recommence the periodic visits of the Dental Officers to the Child Welfare Clinics and Day Nurseries, and a start has already been made at the Alton Day Nursery.

(g) Child Welfare - Illegitimate Children

Of 354 illegitimate children whose births were notified in the County during 1953, on 31st December 90 were still with their mothers, 20 with foster mothers and 23 had been placed with adopters or had gone to a Registered Adoption Society. Eleven babies were living apart from their mothers other than with relatives, 187 had left the County area, 3 had been lost trace of, and 10 had become legalised by marriage: 10 babies had died.

The arrangements continued during the year whereby the County Council makes per capita grants to the Church of England Diocesan Moral Welfare Councils, to supplement the assessed maintenance cost per case and the amount which the girls themselves are able to pay from their National Health Insurance benefit and any other help their families are able to give.

Of 30 cases where unmarried mothers were confined in hostels, or nearby hospitals, and who had been admitted during the year 1952, and where the County Council gave financial assistance to a total of £1094. 9s. 10d., 16 had kept their babies with them, 3 babies had been placed with a foster mother, 9 were adopted, and 1 was being cared for by the grandmother. One baby died. The average stay in the hostels was 16 weeks.

For 61 cases who were admitted to hostels during the calendar year 1953, the County Council paid a total of £1225. 8s. 8d. Of the babies 15 were adopted, 5 were with foster mothers and 3 were in the care of the County Council's Children's Officer or Dr. Barnardo's Homes. Four babies were with a relative apart from the mother and 33 were still with their mothers. One baby died.

(h) Day Nurseries

At the 31st December, 1953 the position with regard to Day Nurseries was as follows :-

Number of Day Nurseries 12					
<u>Approved Places</u>		<u>Number of Children on Register on 31.12.53.</u>		<u>Average Daily Attendance</u>	
<u>0-2 yrs</u>	<u>2-5 yrs</u>	<u>0-2 yrs</u>	<u>2-5 yrs</u>	<u>0-2 yrs</u>	<u>2-5 yrs</u>
64	422	47	276	34.9	225.9

Prior to the 29th March, 1953 a charge had been made only in respect of the cost of meals taken at the Nursery, but following consideration of the provisions contained in Section 5(2) of the National Health Service Act, 1952, charges were made for attendances based on the ascertained cost of the service. There was, of course, provision for abatement or remission according to the financial circumstances of the parents. Following the introduction of the new scale of charges there was a large reduction in the number of children attending, but the numbers then increased somewhat as shown above.

A Special Sub-Committee of the Health (General Purposes) Sub-Committee visited all areas, and in consultation with the District Health Sub-Committees concerned, considered the future, and as a result it was agreed to close one of the Day Nurseries at Gosport, one at Farnborough and one at Winchester. (Kingsmead Day Nursery, Farnborough, was actually closed on 31st December, 1953.)

The Necessitous Scale in operation was reviewed and explained to District Health Sub-Committees, Matrons and parents, and the number on the register had slightly increased by the end of the year.

(i) Nurseries and Child Minders Regulation Act, 1948

At the end of the year there were 14 persons registered under this Act to have the care of children in their own homes.

Eight premises hired by Private Daily Minders were also registered at the end of the year.

(j) Family Planning Association

The Association continued to hold clinics in the Health Centres in the County area and the following shows the number of monthly clinics held:

Aldershot	3	Fareham	2 (3)
Basingstoke	2	Totton	weekly
Eastleigh	weekly	Winchester	2

TREATMENT OF MOTHERS AND YOUNG CHILDREN(a) Dental Service

The proportion of time spent on the treatment of mothers and young children at present is very small, the actual allocation during 1953 being :-

Education	...	...	98.16 %
Maternity and Child Welfare			1.833%
Mental Health	...	...	.007%

The statistical returns below show a considerable drop in both the Maternity and Child Welfare patients attending for treatment. Every case referred or applying for treatment was, however, made dentally fit as far as possible, and the difference between the number of cases "treated" and those made "dentally fit" is accounted for by broken appointments and failures to attend for completion of treatment. The great majority of the maternity cases were treated in the Basingstoke and Havant areas, where direct reference to the Dental Service is a routine at the Ante-Natal Clinics.

Treatment

A summary of the cases dealt with is as follows :-

(a) Numbers provided with dental care during 1953 (the relative figures for 1952 are shown in brackets)

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	122 (145)	122 (145)	118 (142)	95 (113)
Children under five years	654 (824)	636 (804)	625 (786)	588 (749)

(b) Forms of dental treatment provided :

		Expectant and Nursing Mothers	Children under five years
Extractions	...	278 (219)	644 (860)
Anaesthetics:			
Local	...	132 (103)	92 (187)
General	...	39 (29)	310 (336)
Fillings	...	117 (82)	280 (279)
Scalings or Scaling and gun treatment	...	18 (27)	11 (7)
Silver Nitrate treatment		3 (6)	510 (594)
Dressings	...	14 (12)	89 (52)
Radiographs	...	2 (-)	2 (-)
Dentures provided:			
Complete	...	9 (10)	-
Partial	...	22 (16)	patients

Dentures supplied to Expectant and Nursing Mothers during 1953:

	Patients
Full Upper and Lower	9
Full Upper and Partial Lower ...	3
Full Upper only	3
Full Lower only	2
Partial Upper and Lower ...	3
Partial Upper only	6
Partial Lower only	2
Additions and Repairs (4) ...	3
Total ...	<u>31</u>

(b) Defects of Vision

Children under five years of age reported by Assistant County Medical Officers and Health Visitors when attendance at a Child Welfare Centre was not convenient were examined at Ophthalmic Clinics attended by Dr. C.S. Stoddart, full-time Oculist on the staff of the Regional Hospital Board, at Aldershot Clinic by Dr. H.C. Lingfield, part-time Oculist engaged by the Regional Hospital Board to clear up arrears at that Centre from 26th August to 11th November, 1953, and at Gosport and Havant Clinics (one session per week) by Mr. A.E. Barrett and Mr. T.G.S. Murray respectively, Ophthalmic Surgeons from the Portsmouth Eye and Ear Hospital.

Arrangements were made for all children who had not reached their first birthday to be referred direct to the nearest Hospital with an Ophthalmic Department for a more detailed examination than could be carried out at the Eye Clinic.

A summary of the attendances and treatment prescribed is as follows :-

	New Cases	Re-examinations	Total (1953)	Total (1952)
Number of children seen	248	366	614	635
Total attendances	248	495	743	765
Glasses ordered for first time ...	92	40	132	159
No treatment or re-examination ...	16	102	118	94
For re-examination - no glasses ...	136	80	216	249
Lenses changed		108	108	101
Present glasses suitable		157	157	142
Glasses to be discontinued ...		8	8	16
Other Defects - treatment ordered 3		-	3	3
Recommended for orthoptic treatment			54	31
Referred for advice re operative treatment			39	42

In addition to the above 35 children were recorded as having had ophthalmic treatment other than at the Clinics; the actual number, however, is likely to be very much larger.

Hospital Treatment

Thirty-nine children examined at the Clinics were referred to Ophthalmic Surgeons at Hospitals for advice and/or treatment; in addition 2 children, not referred from the Clinics, were reported as having in-patient operative treatment for squints.

Glasses

During the year 240 new prescriptions for glasses were issued. Of this total 215 pairs were Salvoc (splinterless) lenses obtained through the Hospital Eye Service and 25 with ordinary (flat) lenses through the Supplementary Ophthalmic Service. Including arrears from 1952 232 pairs of glasses were actually issued in 1953.

ORTHOPÆDIC DEFECTS

CLINICS										HOSPITALS								
Total No. Attending 31st December, 1932	New Cases Registered during 1933	Recommended Hospital Treatment	Recommended Clinic Supervision only	No Treatment required	DISCHARGED				Total No. on Books on 31st December, 1933	No. in Hospital 31st December, 1932	New Cases Admitted, 1933	DISCHARGED				No. in Hospital 31st December, 1933		
					Cured	Improved	Needing no treatment	Refused treatment, or died				Cured	To attend Clinic	Needing no treatment	Stationary		Died	
CONGENITAL DEFORMITIES—																		
1 Torticollis	38	12	—	11	1	4	7	1	4	34	—	1	—	1	—	—	—	—
2 Spinal Malformations	8	1	—	1	—	—	—	—	—	9	1	—	—	—	—	—	—	1
3 Dislocation of Hip, Cong. ...	30	11	6	5	—	—	2	—	1	36	1	8	—	8	—	—	—	1
4 Talipes Equino Varus, Cong. ...	117	13	2	10	1	—	1	1	—	128	9	5	—	14	—	—	—	—
5 Other	96	18	2	16	—	—	2	—	—	114	4	9	—	11	—	—	—	2
INFLAMMATORY CONDITIONS																		
6 Osteomyelitis	1	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—
7 Suppurative Arthritis	—	1	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
8 Rheumatoid Arthritis	6	2	1	1	—	—	2	—	—	6	3	2	—	3	—	—	—	2
9 Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TRAUMATIC CONDITIONS—																		
10 Fracture	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11 Dislocation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12 Injury to soft tissues	1	2	1	1	—	—	1	1	—	1	1	1	—	—	—	—	—	1
13 Other	4	1	—	1	—	—	1	—	—	4	3	—	—	—	—	—	—	4
PARALYSIS—																		
14 Anterior Poliomyelitis	29	2	—	2	—	—	1	—	—	30	1	8	—	9	—	—	—	—
15 Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16 Spastic Paralysis	19	11	—	10	1	—	1	1	—	28	—	1	—	1	—	—	—	—
17 Muscular Dystrophy	—	2	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—
18 Obstetrical Paralysis	3	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—
19 Other	5	—	—	—	—	—	—	—	—	5	1	—	—	—	—	—	—	1
ACQUIRED DEFORMITIES—																		
20 Kyphosis	2	4	—	4	—	—	1	—	—	5	—	—	—	—	—	—	—	—
21 Scoliosis	2	1	—	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—
22 Genu Valgum	248	88	—	80	8	—	39	8	13	276	3	1	—	—	—	—	—	4
23 Bowled Tibiae	83	17	—	13	4	1	7	4	2	86	1	2	—	2	—	—	—	1
24 Pes Planus	91	9	—	9	—	—	3	—	4	93	—	—	—	—	—	—	—	—
25 Pes Cavus	9	2	—	1	1	—	1	—	—	10	—	—	—	—	—	—	—	—
26 Hallux Valgus and Ham. Toes ...	37	41	1	28	12	—	10	12	—	56	—	1	—	—	—	—	—	1
27 Other Defects	100	39	1	30	8	—	10	8	4	117	—	—	—	1	—	—	—	—
DISEASES OF BONE—																		
28 Neoplasm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29 Dystrophies	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
30 Other Defects	30	10	1	8	1	—	7	1	—	32	—	4	—	4	—	—	—	—
TOTALS	962	287	16	234	37	8	96	37	28	1,080	28	46	1	54	—	—	—	19

Orthoptic Treatment

Of the 54 children recommended for orthoptic examination 38 were referred to the Orthoptist on the staff of the Winchester Group Hospital Management Committee and 16 to Ophthalmic Departments of other Hospitals.

(c) Ringworm of the Scalp

No children under 5 years of age were reported as having ringworm of the scalp during 1953. For comparison, no cases were reported during 1952 and only 2 during 1951.

(d) Defects of Ear, Nose and Throat

From reports received, the following is a summary of cases treated during the year, and include cases referred by Assistant County Medical Officers and by General Medical Practitioners.

	<u>No. of cases treated</u>	
	<u>1953</u>	<u>1952</u>
Received operative treatment for :		
(a) diseases of the ear	-	2
(b) adenoids and chronic tonsillitis	72	112
(c) other nose and throat conditions	-	1
Received other forms of treatment ...	6	6
Total ...	<u>78</u>	<u>121</u>

(e) Orthopaedic Defects

The foregoing Table shows the work done in the Clinics and in Lord Mayor Treloar Hospital, Alton.

HOME NURSING AND MIDWIFERY

The number of nurses and midwives employed on 31st December 1953, was ..

Midwives	26
General Nurses	31 $\frac{1}{2}$
District Nurse Midwives	109
District Nurse/Midwife/Health Visitors ...	5

They are classified according to qualifications as follows :-

Queen's Nurses, S.C.M., H.V. Cert. ...	8
Queen's Nurses, S.R.N., S.C.M.	61
Queen's Nurses, S.R.N.	13
District Midwives, S.C.M.	11
District Nurse Midwives, S.R.N., S.C.M. ...	39
District Nurses, S.R.N.	5 $\frac{1}{2}$
Assistant Nurse Midwives, S.C.M., S.E.A.N.	31
Assistant Nurses, S.E.A.N.	3

The Supervisory staff consists of :-

The County Nursing Superintendent and Supervisor of Midwives
 The Deputy Nursing Superintendent and Supervisor of Midwives
 The Assistant Nursing Superintendent & Supervisor of Midwives

Work of Midwives

During 1953, 140 Midwives and District Nurse Midwives attended 3,606 (3,361) cases.

Independent midwives attended in the patients' homes 18 (38) cases.

The total number of calls for medical help issued by midwives was 1,172 in domiciliary cases and 1,318 for cases in institutions.

The number of cases in which gas/air was administered was 2,506 when the doctor was not present at the time of delivery, and 284 when the doctor was present.

(The numbers in brackets are the 1952 figures.)

Part II Midwifery Training Scheme

Thirty-eight Rural Midwives received three months' district training with 12 County Midwives approved by the Central Midwives Board for this purpose.

Refresher Courses

Ten midwives attended one week refresher courses arranged by the Royal College of Midwives.

Home Nursing Service

One hundred and nine Nurse/Midwives and 31½ Nurses attended a total of 20,113 cases, an increase of 825 over the 1952 figure. They paid 292,699 visits as against 284,335 in 1952, an increase of 8,364 visits.

Classification of main types of cases nursed

Medical	...	...	...	13,376
Surgical	...	...	...	6,081
Infectious Diseases	...	...	...	104
Tuberculosis	...	...	...	425
Maternal Complications	...	...	...	127

Of the 20,113 cases, 6,952 patients were 65 years or over at the first visits (34%) and 2,162 were under 5 years (10.7%); 2,949 patients received more than 24 visits during the year, 14.6% of the total.

Training

During the year, one State Registered Nurse/Midwife completed District Training under the auspices of the Queen's Institute of District Nursing and is now working in the County.

Two Queen's Nurses already on the staff completed 9 months' training as Health Visitors at Southampton University. One was appointed District Nurse Midwife/Health Visitor to Beaulieu and the other placed temporarily on the Health Visitor staff.

Two General Nurses attended a one week refresher course arranged by the Queen's Institute of District Nursing.

Lectures to Midwives

The following lectures to midwives were held during 1953 :

March 21st	-	"The third stage of labour" given by Mr. A. McGhie, Obstetrician and Gynaecological Consultant.
April 25th	-	"Prolonged labour" given by Mr. J. Hammond, Obstetrician and Gynaecological Consultant.
May 16th	-	"Modern trends in Venereal Diseases" given by Dr. R.M. Warren, Venereal Diseases Consultant.
June 20th	-	"Ante-Natal Care" given by Mr. P.R. Mitchell, Obstetrician and Gynaecological Consultant.
September 19th	-	"The Work of the Royal College of Midwives and its Functions" given by Miss M. Gannon, Matron, Maternity Hospital, Birmingham.
October 17th	-	Reports and short talks on Post Graduate Courses given by various County Midwives.
November 21st	-	"Artificial Feeding" given by Dr. J.H. Moseley, Consultant Paediatrician.

Study Day, 1953

Study Day was held on the 16th October, 1953. Tuberculosis its treatment, care and after-care, was the subject for the morning session, and the speakers were Dr. Frazer, Chest Physician, Mr. C.G. Cartwright and a Health Visitor.

The speaker in the afternoon was Mrs. Winifred Duncan, the Manager, Home Safety Department, The Royal Society for the Prevention of Accidents, whose subject was "Accidents in the Home".

All these lectures were well attended and much appreciated.

Nursing Aid

The very useful help given by members of the Nursing Divisions of the Order of St. John Ambulance Brigade and the British Red Cross Society continues. The work includes simple duties such as bed making washing and sitting up at night with patients. During 1953 the Order of St. John Ambulance Brigade members gave 2,068 hours to this work whilst members of the British Red Cross Society paid 2,197 visits.

INSTITUTIONAL PROVISION

2740 women were admitted to Maternity Homes as follows :-

<u>Maternity Home</u>	<u>Year 1951</u>	<u>Year 1952</u>	<u>Year 1953</u>
Allbrook, Rookwood	345	363	405
Barton-on-Sea, The Grove	334	309	239
Basingstoke, The Shrubbery	416	411	475
Boscombe, Aston Grays	5	2	1
Emsworth, Northlands	284	334	317
Gosport, The Blake	292	454	379
Fareham, Blackbrook House	418	474	443
Liss, The Grange	267	283	280
Lyndhurst, Hillrise	206	211	201
	<u>2571</u>	<u>2847</u>	<u>2740</u>

3792 women were admitted to Hospital beds as follows :-

<u>Hospital</u>	<u>Year 1951</u>	<u>Year 1952</u>	<u>Year 1953</u>
Alton General Hospital	191	266	275
Aldershot Maternity Unit	262	278	251
Andover W.M. Hospital	202	206	216
Battle Hospital	5	44	60
Boscombe R.V. Hospital	139	98	109
Farnham County Hospital	69	61	75
Fordingbridge Hospital	141	129	133
Farnborough Maternity Unit	240	268	235
Frimley and Camberley Hospital	25	22	23
Hythe and District Hospital	170	182	197
Lyndhurst, Fenwick Hospital	187	189	209
Portsmouth, St. Mary's Hospital	363	322	352
Reading, Royal Berks Hospital	46	4	-
Romsey and District Hospital	161	165	151
Salisbury General Infirmary	65	83	81
Sandleford Hospital, Newbury	21	26	34
Southampton General Hospital	292	280	341
Winchester, R.H.C. Hospital	1050	973	941
Winchfield Hospital	<u>94</u>	<u>111</u>	<u>109</u>
	<u>3723</u>	<u>3707</u>	<u>3792</u>

3,742 applications were received for admission to maternity beds on social grounds. Of these 3,014 were recommended and accommodation was provided in all but 400 of these cases. Confinement at home was possible in these cases by use of the Home Help Service. In 738 cases investigation showed that (a) home confinement could be arranged if a bed in the hospital or maternity home was not available, and (b) there was every convenience for domiciliary confinement. Beds were provided in all but 23 of these cases.

Registration of Nursing Homes

Appended is a table showing the position over the last 3 years from which it will be seen that during 1953 7 Nursing Homes were closed and 4 new ones were opened, and that at the end of the year there were 48 Nursing Homes functioning, these having 493 beds, of which 48 were set apart for maternity cases. The total number of patients admitted to these 48 Nursing Homes during the year was 1,643, of which 427 were maternity cases.

The 4 new Nursing Homes catered for 42 beds (no maternity beds), and during the year 64 patients were admitted.

In 6 of the Nursing Homes closed there had been 57 beds, including 2 maternity beds, and 15 patients had been admitted.

The "Morland Hall Clinic", Alton, where there had been 125 beds, with 192 admissions, ceased to function as a private Nursing Home as it was taken over by the Hospital Management Committee as a responsibility under the National Health Service Act as from 1st May, 1953.

There were variations of the bed accommodation at existing Homes during the year.

Year	No. open at end of year	Beds		Admissions		Closed	Opened
		Total	Maternity	Total	Maternity		
1946	64	472	158	3074	2015	11	13
1947	66	514	158	3086	2032	11	14
1948	65	531	127	2450	1333	10	8
1949	61	594	112	2376	996	9	5
1950	56	620	81	2261	673	9	4
1951	52	645	80	2409	514	6	2
1952	51	628	52	2303	444	7	6
1953	48	493	48	1643	427	7	4

Nurses Act, 1943 - Nurses Agencies Regulations, 1945

The licences continued to be granted to Woodlands Hall Nurses Co-operation at Iymore, Milford-on-Sea, and The Angene Nursing Agency Winchester, for the year 1953.

HEALTH VISITING

The establishment remained as set out in my report for 1952. During the year the post of Deputy Superintendent was filled and the vacancies in terms of whole-time Health Visitors reduced from 4 to 1.86. The equivalent of whole-time Health Visitors available for work other than in connection with the School Health Service and Tuberculosis remained at 50.8. The work carried out in 1953 was as follows, the figures in brackets being those for 1952 :

Health Visitors paid 987 (1,061) first visits and 1,446 (1,566) total visits to expectant mothers, 11,466 (11,063) first visits and 48,317 (52,201) total visits to children under one year of age, (2,795 first visits and 75,032 total visits - not separated in annual return to Ministry of Health (L.H.S. 27 - 1953)); 79,935 total visits to children between one and five years of age.

Health Visitors paid 1,308 visits and Tuberculosis Visitors 2,946 visits to tuberculous households, and 3,976 visits were paid by Health Visitors to "Other Cases". (9,357 special visits were paid by Health Visitors in order to advise on various family problems, including problems regarding the treatment of illness.)

Training and Refresher Courses

One Health Visitor qualified following the course at Southampton University during 1953, and 3 students started sponsored training there in the autumn. Two members of the staff attended refresher courses during the year.

During the first week in October the Central Council for Health Education presented a Study Day, the theme being on how to pass to the general public the information the Department wishes to impress of them. The morning was devoted to the instruction and demonstration of the theme and the afternoon to practical application. As many Health Visitors as could be spared from their routine work attended.

During the latter part of the year Dr. Iliff, the Consultant Psychiatrist, and Dr. Rosenberg, gave a series of three lectures on "The Mental and Emotional Development of the Child". These lectures were much appreciated.

HOME HELP SERVICE

General Arrangements

The Service has continued to develop, especially in certain areas. This development made some of the five Divisions overloaded and it was decided to curtail the size of the area in three of the Divisions and form three new Divisions, making a total of eight Divisions.

Re-organisation came into force on the 1st October, 1953, and the main offices with administrative staff now covering the County are as follows :-

<u>DIVISION I</u>	<u>Staff</u>	<u>Applications to be made to:-</u>
Aldershot M.B.	1 Divisional Organiser	Town Hall,
Farnborough U.D.	1 Clerk	Farnborough.
Fleet U.D.		Tel. Farnborough 1400
Hartley Wintney R.D.		
<u>DIVISION II</u>		
Fareham U.D.	1 Divisional Organiser	Westbury Manor
Droxford R.D.	1 Clerk	West Street, Fareham
		Tel. Fareham 2433
<u>DIVISION III</u>		
Gosport M.B.	1 Divisional Organiser	145 High Street
	1 Clerk	Gosport
		Tel. Gosport 89131
<u>DIVISION IV</u>		
Eastleigh M.B.	1 Divisional Organiser	The Red House
Winchester R.D.	1 Clerk	Romsey Road
Romsey M.B.		Eastleigh
Romsey & Stockbridge R.D.		Tel. Eastleigh 87558

<u>DIVISION V</u>	<u>Staff</u>	<u>Applications to be made to :</u>
New Forest R.D.		
Christchurch M.B.	1 Divisional Organiser	13 Stour Road,
Lymington M.B.	1 Clerk	Christchurch.
Ringwood and Fordingbridge R.D.		Tel. Christchurch 163

<u>DIVISION VI</u>		
Havant & Waterloo U.D.	1 Divisional Organiser	Town Hall,
Petersfield U.D.	(1 Part-time Clerk	Petersfield.
Petersfield R.D.	appointed 1.4.54.)	Tel. Petersfield 771
Alton U.D.		
Alton R.D.		

<u>DIVISION VII</u>		
Basingstoke M.B.	1 Assistant Organiser	Market Chambers,
Basingstoke R.D.	(1 Part-time Clerk	Church Street,
Andover M.B.	appointed 1.4.54.)	Basingstoke.
Andover R.D.		Tel. Basingstoke 600
Kingsclere and Whitchurch R.D.		

Division VII to be directly under the County Organiser until the number of cases per week average 65 for a period of three months.

<u>DIVISION VIII</u>		
Winchester City	1 Part-time Clerk	4, The Square, Winchester. Tel. Winchester 3347

Division VIII to be administered by the County Organiser.

During the year 2,321 applications were received and investigated, 722 were withdrawn or did not qualify, and 103 were advanced bookings on 31st December, 1953.

The Service has been more used by general practitioners. During the year applications were received and were referred by :-

General Practitioners	...	...	915
Almoners	...	...	193
Chest Physicians	...	...	38
District Nurses and Midwives	...	...	393
Health Visitors	...	...	23
Children's Officer	...	...	19
Welfare Officer	...	...	49
National Assistance Board	...	...	45
Other Sources	...	...	646 *

Applications received and Cases attended

The number of cases attended during the year ended 31st December 1953, is as follows :-

Division	Short Term				Long Term			Total
	Maternity	General Sickness	Post Hospital	Child Care	Chronic	Aged Infirm & Sick	Tuber-culosis	
I	82	150	17	12	22	118	9	410
II	47	47	11	2	25	135	9	276
III	57	69	22	-	26	138	21	333
IV	47	29	24	1	24	148	10	283
V	37	71	17	7	42	94	19	287
VI	59	53	20	5	26	90	12	265
VII	38	39	8	3	13	84	12	197
VIII	28	32	13	-	8	61	4	146
Total	395	490	132	30	186	868	96	2197

* Mainly applications from private individuals.

Four hundred and eleven more cases were assisted than in 1952, 111 short term, 300 long term.

<u>Short Term</u>		<u>Long Term</u>	
Maternity	+ 7	Tuberculosis	+ 32
General Sickness	+ 131	Chronic, Aged	
Post Hospital	- 23	Infirm and Sick	+ 268
Child Care	- 4		

The number of cases helped each week averaged for the year 723.5, an increase of 194.5. The hours worked showed an increase of 121,170, the equivalent of $52\frac{1}{2}$ whole-time helpers. The number of cases on the register at the beginning of 1953 and still receiving help at the end of the year was 402, an increase of 121, whilst 853 more cases were on the register on 31st December, 1953, an increase of 213 on the preceding year.

Residential Cases

The demand for residential help has increased. At present there are only 7 helpers who are able to sleep in. To ensure that the most deserving cases receive assistance all residential help is allocated by the County Organiser.

The number of helpers on the register at the end of the year was 604, an increase of 116:

<u>Division</u>	<u>Employed</u>	<u>Reserve</u>
I	81	6
II	61	-
III	102	7
IV	77	18
V	80	3
VI	54	4
VII	67	12
VIII	32	-
	<u>554</u>	<u>50</u>

Of the 554 helpers, 37 were employed whole-time, 485 part-time, 20 were sick and the remaining 12 were on holiday.

A County Rally was held on the 17th October, 1953, approximately 400 helpers being present. The proceedings were presided over by the Chairman of the Health Committee and included in the arrangements was an interesting Brains Trust with questions covering the whole field of Social Services.

As part of a series of lectures on Health Education, Dr. A.J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H., Deputy Medical Director, The Central Council for Health Education, gave a special talk to a selected number of Home Helps on "The Happy Home" illustrated by a film show.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

The following Table summarises the corrected quarterly returns of notifications received during the year and compares the incidence in 1953 in Urban and Rural Districts with that in 1952 :-

	Rural Districts		Urban Districts		Total Notifications		No. per 100,000	
	1952	1953	1952	1953	1952	1953	1952	1953
Scarlet Fever ...	163	287	283	466	446	753	67.6	111.4
Diphtheria ...	1	-	-	-	1	-	0.1	-
Enteric and Paratyphoid ...	-	1	1	1	1	2	0.1	0.3
Pneumonia ...	144	171	162	319	306	490	46.5	72.4
Puerperal Pyrexia	25	30	59	71	84	101	12.7	14.9
Meningococcal Infection ...	3	4	6	18	9	22	1.4	3.2
Acute Poliomyelitis ...	15	41	54	47	69	88	10.4	13.0
Acute Encephalitis ...	-	-	1	6	1	6	0.1	0.9
Dysentery ...	132	28	113	113	245	141	37.0	20.8
Ophthalmia Neonatorum ...	3	3	6	17	9	20	1.4	2.9
Erysipelas ...	22	36	22	43	44	79	6.6	11.7
Pulmonary Tuberculosis ...	190	213	265	322	455	535	69.0	79.1
Other Tuberculosis ...	45	55	40	56	85	111	13.0	16.4
Malaria ...	5	14	22	26	27	40	4.0	5.9
Measles ...	1111	6058	1912	7648	3023	13706	455.3	2026.9
Whooping Cough ...	802	981	925	953	1727	1934	262.0	286.0
Food Poisoning ...	51	21	83	167	134	188	20.0	27.8

NOTIFICATIONS OF INFECTIOUS DISEASE, 1953 BOROUGH AND URBAN DISTRICTS

District	Estimated for mid. 1933	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1933																												
		Scarlet Fever	Whooping Cough	Diphtheria (including membranous croup)	Measles (excluding rubella)	Acute Pneumonia Primary (or influenza)	Meningococcal Infection	Acute Poliomyelitis		Acute Encephalitis		Dysentery	Puerperal Pyrexia	Small Pox	Paratyphoid Fever	Ophthalmia Neonatorum	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Poison (ex. Dys. Typhoid and Paratyphoid Fevers)	Erysipelas	Chicken Pox	Malaria			Tyb. Respiratory	Tyb. (Other Forms)	Cholera	Plague	Typhus Fever	TOTAL CASES	
								Paralytic	Non-Paralytic	Infective	Post-Infectious										Believed to be contracted in this country	Believed to be contracted abroad	Induced in Institutions							
Aldershot	39,050	55	63	—	494	3	6	2	1	—	—	23	6	—	—	—	—	—	—	—	—	—	25	—	30	1	—	—	—	709
Alton	8,581	3	32	—	91	10	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	9	10	—	—	—	159
Andover	15,440	8	9	—	237	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—	266
Basingstoke	18,170	9	51	—	55	—	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	21	7	—	—	—	147
Christchurch	21,510	60	21	—	393	18	—	8	3	—	—	10	—	—	—	—	1	3	—	—	—	—	1	—	8	—	—	—	—	526
Eastleigh	30,670	10	90	—	435	30	—	—	1	—	—	—	16	—	—	—	3	6	—	—	—	—	—	—	21	9	—	—	—	621
Fareham	44,740	72	137	—	1,036	20	—	5	1	—	—	55	5	—	—	—	13	10	—	—	—	—	—	—	36	4	—	—	—	1,394
Farnborough	27,100	1	25	—	694	—	—	2	4	—	—	5	2	—	—	1	5	—	—	—	—	—	—	—	12	3	—	—	—	754
Fleet	8,900	9	18	—	191	80	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	9	1	—	—	—	—	310
Gosport	62,950	100	199	—	1,156	110	2	6	—	—	—	8	4	—	3	1	1	20	—	—	—	—	—	—	77	10	—	—	—	1,697
Havant and Waterloo	36,430	36	176	—	1,443	22	3	2	1	—	—	1	4	—	—	—	4	—	—	—	—	—	—	—	44	4	—	—	—	1,740
Lymington	22,560	75	22	—	624	14	—	4	—	—	—	2	3	—	—	—	1	3	2	—	—	—	—	21	3	—	—	—	—	774
Petersfield	6,949	1	60	—	129	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	195
Romsey	6,400	—	2	—	45	—	1	—	—	—	—	5	—	—	—	—	—	2	—	—	—	—	—	5	—	—	—	—	—	60
Winchester	26,300	27	48	—	625	9	6	2	1	4	2	4	27	—	—	14	—	134	—	—	—	—	—	—	18	3	—	—	—	924
TOTAL URBAN	375,750	466	953	—	7,648	319	18	34	13	4	2	113	71	—	3	17	1	167	43	—	—	—	26	—	322	56	—	—	—	10,276
TOTAL RURAL	300,450	287	981	—	6,058	171	4	32	9	—	—	28	30	—	—	3	1	21	36	—	—	—	14	—	213	55	—	—	—	7,943
ADMINISTRATIVE COUNTY	676,200	753	1,934	—	13,706	490	22	66	22	4	2	141	101	—	3	20	2	188	79	—	—	—	40	—	535	111	—	—	—	18,219

NOTIFICATIONS OF INFECTIOUS DISEASE, 1953

RURAL DISTRICTS

District	Estimated Population for mid. 1953	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1953																													
		Scarlet Fever	Whooping Cough	Diphtheria (including membranous croup)	Measles (excluding rubella)	Acute Pneumonia Primary (or influenzal)	Meningococcal infection	Paralytic	Acute Poli- myelitis	Non- Paralytic	Infective	Acute Enceph- alitis	Post- Infectious	Dysentery	Puerperal Pyrexia	Small Pox	Paratyphoid Fever	Ophthalmia Neonatorum	Enteric or Typhoid Fever (ex. Paratyphoid)	Food Pois'n (ex. Dys. Typhoid and Para. Fevers).	Erysipelas	Chicken Pox	Believed to be contracted in this country	Believed to be contra'd abroad	Induced in Institutions	Tb. Respiratory	Tb. Other Forms	Cholera	Plague	Typhus Fever	TOTAL CASES
Alton	25,080	20	115	—	329	14	—	3	—	—	—	—	—	—	2	—	—	—	1	2	—	—	—	—	—	18	9	—	—	—	519
Andover	20,670	7	27	—	202	—	—	7	1	—	—	—	1	—	—	—	—	—	—	2	—	—	10	—	—	10	2	—	—	—	269
Basingstoke	17,400	7	91	—	171	7	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	15	4	—	—	—	297
Droxford	29,669	5	21	—	511	6	—	1	—	—	—	—	3	—	—	—	—	—	2	7	—	—	—	—	—	12	5	—	—	—	573
Hardley Wintney	24,920	12	27	—	549	11	—	4	1	—	—	—	5	3	—	—	—	—	14	—	—	—	—	—	—	7	6	—	—	—	630
Kingsclere and Whitechurch ...	19,130	9	98	—	223	30	—	1	—	—	—	—	1	1	—	—	—	—	—	2	—	—	—	—	—	19	5	—	—	—	389
New Forest	45,480	79	180	—	1,213	20	1	4	1	—	—	—	7	18	—	—	—	2	4	5	—	—	—	—	—	48	9	—	—	—	1,591
Petersfield	22,040	21	103	—	402	5	—	—	—	—	—	—	7	1	—	—	—	—	—	1	—	—	—	—	—	17	2	—	—	—	559
Ringwood and Fordingbridge ...	24,720	25	111	—	448	38	1	3	2	—	—	—	—	2	—	—	—	1	—	7	—	—	—	—	—	4	1	—	—	—	643
Romsey and Stockbridge ...	32,190	41	54	—	696	29	1	6	1	—	—	—	1	—	—	—	1	—	—	7	—	—	—	—	—	34	8	—	—	—	879
Winchester	48,160	55	154	—	1,323	11	1	3	3	—	—	—	2	3	—	—	—	—	—	2	—	—	4	—	—	29	4	—	—	—	1,594
TOTAL	300,450	287	981	—	6,058	171	4	32	9	—	—	—	28	30	—	—	3	1	21	36	—	—	14	—	—	213	55	—	—	—	7,943

Smallpox Vaccination

The total number of vaccinations and re-vaccinations, as calculated from record cards received during 1953, together with details for 1951 and 1952, are as follows :-

<u>Year</u>	<u>Vaccinations</u>				<u>Total</u>
	<u>Under 1 year</u>	<u>1-5 yrs</u>	<u>5-15 yrs</u>	<u>15+</u>	
1951	5,253	778	770	1,183	7,969
1952	5,269	745	546	654	7,214
1953	5,648	602	372	461	7,283

<u>Re-Vaccination</u>					
1951	41	276	1,039	3,822	5,180
1952	-	339	928	2,645	3,912
1953	-	203	709	1,831	2,743

Grand Total - Vaccinations and Re-Vaccinations

1951	-	13,149
1952	-	11,126
1953	-	10,026

Figures prior to 1951 are not strictly comparable in view of the delayed negotiations regarding fees to be paid to general practitioners for record cards. The number of live births in the County area in 1951, 1952 and 1953 were 10,233, 10,848 and 10,997 respectively.

As in previous years all staff - medical, nursing, etc. - do encourage parents to have their children vaccinated, and in giving talks on any aspect of the Health Service a special reference is made to the changing circumstances, such as air travel, which necessitates a greater watchfulness.

The total number of children vaccinated during the year will be higher than in the statistics shown above since there will also be some vaccinated by doctors not carrying out work under the National Health Service, in respect of whom, record cards are not forwarded to the Local Health Authority.

Diphtheria Immunisation

	<u>Number of children who completed full course of primary immunisation</u>			<u>Total No. of children who were given a secondary or re-inforcing injection</u>
	<u>Under 5</u>	<u>5-14</u>	<u>Total</u>	
1949	8,001	1,583	9,584	9,049
1950	6,960	989	7,949	5,973
1951	7,441	862	8,303	11,988
1952	7,732	909	8,641	12,458
1953	7,068	847	7,915	10,453

The fall in the number of children completing a full course of primary immunisation in 1950 was gradually made up in 1952, but 1953 shows a disappointing drop and calls attention to the fact that every effort is required to maintain and improve the position.

District Medical Officers of Health organise the work, the Local Health Authority repaying all costs incurred, i.e. propaganda, printing, postages, clerical assistance, etc. Notification of birth cards are forwarded periodically to Medical Officers of Health to enable them to maintain records, and, as in the case of vaccination, all concerned with health education and those coming into contact with parents stress the advisability of immunisation.

During 1953 the Ministry of Health issued a new type of return in order to obtain information as to immunisation in relation to child population. Unfortunately existing records did not allow a satisfactory completion of this return, but from the information received it appeared that out of a total child population (under 15 years) of 154,600, 53.3% had been immunised.

Other Schemes

No other schemes, apart from the Whooping Cough Immunisation Scheme operating in a small way in the Droxford Rural District, were operated during 1953.

TUBERCULOSIS

Death Rates

The death rate from pulmonary tuberculosis was 0.11 compared with 0.12 in 1952 and 0.18 in 1951. The death rate from non-pulmonary tuberculosis was 0.018 compared with 0.02 in 1952 and 0.03 in 1951.

The total deaths from tuberculosis (pulmonary 75 and non-pulmonary 12) are distributed as follows :-

Age Group	Urban				Rural				Total					
	Pulm.		N.Pul.		Pulm.		N.Pul.		Pulm.		N.Pul.		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	1	-	-	-	2	-	-	-	3	-	3	-
1	-	-	-	-	-	-	1	-	-	-	1	-	1	-
5	-	-	-	-	-	-	1	1	-	-	1	1	1	1
15	-	1	-	3	1	2	-	-	1	3	-	3	1	6
25	2	6	-	-	4	4	-	-	6	10	-	-	6	10
45	13	3	1	-	10	2	1	-	23	5	2	-	25	5
65	9	2	-	1	5	2	-	-	14	4	-	1	14	5
75	5	1	-	-	1	2	-	-	6	3	-	-	6	3
All ages	29	13	2	4	21	12	5	1	50	25	7	5	57	30

Deaths from Pulmonary Tuberculosis

	<u>Population</u>		<u>Number</u>		<u>Rate per 100,000 population</u>	
	U.D.	R.D.	U.D.	R.D.	U.D.	R.D.
1952	371,000	293,000	48	31	12.9	10.6
1953	375,750	300,450	42	33	11.18	10.98

HAMPSHIRE COUNTY CHEST CLINICS

Tuberculosis Return and Statistics for the year ended 31st December, 1953

TABLE A

	Respiratory			Non-Respiratory			Totals			Grand Totals
	M	W	C	M	W	C	M	W	C	
A. (1) Notified cases of Tub. on register on 1st Jan., 1953	1,716	1,208	170	173	162	218	1,889	1,370	388	3,647
(2) Transfers from clinics in other areas during the year	153	123	25	4	17	6	157	140	31	328
(3) Children transferred to adults during the year	5	7	—	10	8	—	15	15	—	30
(4) Cases lost sight of returned to clinic during the year	7	2	—	—	2	—	7	4	—	11
B. NEW CASES diagnosed as tuberculous during the year — Tb. MINUS	168	122	67	15	20	41	123	142	108	373
Tb. PLUS	109	73	1	6	10	3	115	83	4	202
Totals of A and B	2,098	1,535	263	208	219	268	2,306	1,754	531	4,591
C. Number of cases in A and B written off (1) Recovered	44	32	1	16	2	12	60	34	13	107
clinic registers during the year:—										
(2) Died (all causes)	42	21	1	1	1	3	43	22	4	69
(3) Removed to other areas	126	109	16	7	8	14	133	117	30	280
(4) Children to adults	—	—	12	—	—	18	—	—	30	30
(5) Other reasons	67	61	10	16	17	26	83	78	36	197
Totals of C	279	223	40	40	28	73	319	251	113	683
D. (1) Notified cases of Tb. on clinic registers on 31st Dec., 1953	1,819	1,312	223	168	191	195	1,987	1,503	418	3,908
(2) Number known to have had positive sputum within preceding six months	—	—	—	—	—	—	156	81	1	238
E. (a) Persons (excluding transfers) first examined during the year	—	—	—	—	—	—	860	1,027	1,208	3,095
(b) Number in (a) who attended as Contacts and who were:—	—	—	—	—	—	—	12	31	30	73
(1) Diagnosed as tuberculous	—	—	—	—	—	—	248	506	848	1,602
(2) Not tuberculous	—	—	—	—	—	—	4	6	—	10
(3) Not determined (as at 31st Dec., 1953)	—	—	—	—	—	—	—	—	—	—
F. Number of patients on clinic registers awaiting admission	7	18	3	—	—	—	7	18	3	28

M W C T

42 30 4 76

Cases picked up by M.R.U.

TABLE B

HAMPSHIRE (County)	Year	Death Rates per 1,000		Cases on Register			per 1,000 pop.	Patients attending first time (contacts sep. in brackets)	Total A.P. and P.P. Refills	Total attendances (excluding refills)	New Cases and Contacts diagnosed tuberculous (in brackets, contacts only)			Ratio Contacts to new Patients Diag. Tb. (excl. contacts)	No. Clinic Sessions per week	No. A.P. Sessions per week	Average attendance per Dr. Session (excl. refills)	Average No. Refills per Dr. Session	No. X-ray Exams made	Personal Consultations	Home Visits	No. of Patients on Domiciliary Treatment	No. of Patients on Clinic Register awaiting admission to T.B. Inst.	Patients notified T.B. referred by M.R.U.	Patients vaccinated B.C.G.	Remarks	
		R	NR	R	NR	Total					R	NR	Total														
		1949 1950 1951 1952 1953	.28 .04 .25 .03 .18 .03 .12 .02 .11 .018																								
Aldershot	119,150	1953		431	73	504	4.2	202(301)	1,010	1,855	65(3)	20(2)	85(5)	3.5	3	1	13	20	2,209	10	110	4	2	10	52		
Andover	55,750	1953		174	40	220	3.9	112(149)	180	845	15(1)	3(0)	18(1)	8.3	1	1	16	4	987	2	68	1	—	—	29		
Basingstoke	52,609	1953		232	44	276	5.2	124(114)	584	1,210	45(6)	8(1)	53(7)	2.1	1½	1	12	11	1,207	6	44	2	2	18	39		
Christchurch	60,794	1953		346	68	414	6.8	151(95)	545	1,559	34(1)	3(0)	37(1)	2.6	3	1	11	11	1,129	20	83	2	4	8	37		
Eastleigh	63,507	1953		336	52	388	6.1	205(277)	701	2,651	52(16)	13(1)	65(17)	4.3	3¼	1	15	15	1,962	30	206	23	8	7	69		
Fareham	66,078	1953		333	52	385	5.8	219(168)	980	1,536	41(3)	6(0)	47(3)	3.6	3¼	1	10	19	1,040	15	169	11	3	5	34		
Gosport	62,950	1953		499	46	545	8.6	142(225)	1,732	2,497	72(15)	8(0)	80(15)	2.8	3¼	1	24	21	990	25	200	20	7	10	61		
Havant	65,419	1953		434	73	507	7.8	159(248)	1,143	2,112	56(7)	13(0)	66(7)	3.6	3¼	1	19	22	1,065	16	169	19	6	1	58		
Totton	56,596	1953		318	45	363	6.4	289(55)	555	1,745	66(8)	12(1)	78(9)	.71	2¾	1	17	11	1,785	34	237	8	3	17	88		
Winchester	62,334	1953		251	55	306	4.9	135(139)	867	1,593	34(8)	9(0)	43(8)	3.2	2¾	1*	11	17	1,231	56	56	1	—	—	50	*At Royal Hants County Hospital	

Notifications

Age Groups	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
0	2	2	-	-	4
1	9	11	7	5	32
5	23	18	22	24	87
15	53	79	7	12	151
25	102	113	7	18	240
45	65	23	7	10	105
65	14	8	3	1	26
75	6	1	-	-	7
All ages	274	255	53	70	652

The above figures represent an incidence per 100,000 population of pulmonary 82.0 and non-pulmonary 17.7 compared with 68.3 and 13.0 for the previous year.

Chest Clinics

Information on the work of the Chest Clinics, kindly supplied by Dr. A. Capes, Administrative Chest Physician, Western Area, is set out in the tables facing this page, from which the extent of ascertainment of contacts of known cases of tuberculosis can be seen. Over the County the proportion of contacts examined to cases was three to one.

With regard to the employment conditions of known cases of tuberculosis it is, of course, impracticable in many cases for the Chest Physician to discuss employment conditions with the patient's employer, but where this is possible it is done as a matter of course. For the remainder, advice is given to the patient in the sanatorium and at the clinic with the safety of fellow workers in mind. The entry of the patient into a sheltered occupation where it is indicated is strongly advised, but is, of course, limited at the present time by the working space at The Mount Industries.

Where there has been failure to notify during life, enquiries are made as to the reason and steps taken to trace the source of infection, as well as to examine contacts.

The tuberculin testing of child contacts is a routine measure at Chest Clinics, and B.C.G. is given to all suitable children known to be exposed to the risk of infection. Special investigations are made at schools where teachers are found to be tuberculous, and Greatham School may be cited as an instance.

B.C.G. Vaccination

B.C.G. vaccination is carried out by the Chest Physicians on appropriate contacts; there is seldom any need for alternative arrangements to be made for segregation but when called for the County Children's Officer provides the necessary accommodation: 517 such vaccinations were carried out during the year.

Mass Radiography Units

During 1953 Mass Radiography Units operated in the County area as follows :-

Portsmouth Unit	...	...	July - Fareham
			June - Gosport
Southampton Unit	...	...	May - Basingstoke
			April - Kingsclere and Odiham
			June/July - Andover and Totton
Worcester Park Unit	...		No surveys taken in the County area during 1953.

MASS RADIOGRAPHY SURVEYS - 1953

Unit	Location	Number Examined		No. Considered to have active Tuberculosis		Number per 1000	
		Male	Female	Male	Female	Male	Female
Portsmouth	Fareham	1448	857	1	2	0.69	2.33
	Gosport	3378	1188	4	7	1.18	5.89
Southampton	Kingsclere	156	179	-	-	-	-
	Odiham	167	284	-	-	-	-
	Basingstoke	2095	2135	5	1	2.39	0.47
	Andover	1463	1337	1	-	0.68	-
	Totton	1024	1048	5	1	4.88	0.95

VENEREAL DISEASES

TABLE I

Number of cases resident in the County Area (both sexes) who attended Clinics for the first time during the years stated :-

Year		1949	1950	1951	1952	1953
Syphilis	...	86	90	77	55	50
Gonorrhoea	...	115	79	64	75	59
Non-V.D.	...	566	543	597	545	474

From the following table, showing the incidence of new cases of syphilis and gonorrhoea per 100,000 of the population, it is seen that the incidence continues to fall :-

1949	1950	1951	1952	1953
35	27	21	19.5	16.1

TABLE II

Number of first attendances made at all Clinics serving Hampshire :-

Year	Male					Female				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
Primary Syphilis	63	28	19	16	22	19	4	6	3	3
Secondary Syphilis	30	16	6	3	4	26	23	11	5	4
Other	92	99	88	62	86	104	86	76	81	65
Congenital	21	17	17	13	8	18	31	26	21	16
Gonorrhoea	564	412	360	317	351	138	117	85	103	104

Table I refers to patients attending the following Clinics : Aldershot, Bournemouth, Guildford, Portsmouth, Reading, Salisbury, Southampton and Winchester.

The number of first attendances mentioned in Table II refers to all cases attending the Clinics mentioned and include cases from other areas (e.g. the County Boroughs). It is reproduced here to show the general trend in the area of first attendances for early and later manifestations of disease.

General Practitioner Service

Facilities still exist whereby patients can be treated by specially approved General Medical Practitioners practising in places remotely situated from Special Clinics. This service was not used during the year.

AMBULANCE SERVICE

In April, 1953 the remaining agency arrangements with the St. John Ambulance Brigade and the British Red Cross Society were terminated, and the re-organisation of the Service, commenced in 1950, was completed.

The County is divided into four areas, each with a Main Station and a number of Sub-Stations in the charge of a Senior Head Driver. All calls are received at the Main Station. All Stations give a 24-hour service.

The siting of the Stations and the staffing and provision of vehicles was, on 31st December, 1953, as set out in the Table on page 24.

Non-urgent sitting-cases are conveyed by the Hospital Car Service. This is administered by a County Organiser and 12 Area Transport Officers. Calls are received and dealt with by the Area Transport Officers independently of the Ambulance Service Main Stations.

Part-time and volunteer assistance is available in some Stations, though the latter has steadily diminished throughout the past 6 years and is now very small. All the full-time personnel are drivers: two part-time attendants are employed. A second driver or attendant accompanies the patient in stretcher or emergency cases whenever possible: a special survey carried out in the last two months of the year showed that in a considerable number of instances this was not possible, and has led to a strengthening of some Stations in 1954.

Liaison with neighbouring Authorities has continued to be satisfactory, including arrangements whereby the Fordingbridge area is "covered" for ambulance purposes by Wiltshire, and the northern fringe of the County by Berkshire.

The work done during the year is compared with previous years as follows :-

	<u>Mileage</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>
Ambulance Service		797,871	755,799	643,074	654,698
Hospital Car Service		1,020,156	1,049,386	1,294,958	1,426,174
Rail Transport		13,000	22,390	28,186	35,860
Total		<u>1,831,027</u>	<u>1,827,575</u>	<u>1,966,218</u>	<u>2,116,732</u>
	<u>Patients</u>			<u>1952</u>	<u>1953</u>
Ambulance Service				40,382	41,688
Hospital Car Service				126,139	142,583
Rail Transport				299	471
Total				<u>166,820</u>	<u>184,742</u>

(The figures for patients carried before 1952 are not comparable owing to a change in the definition of "patient".)

The continuing increase in the demands on the Service has led to further discussions with representatives of the Hospital Management Committees, and it appears that the demand arises from a continuing expansion of the hospitals. In particular the greatly increased treatment given to elderly people in the Hospital Out-Patient Departments was stressed. There was little evidence of misuse of the Service.

The increased use of Rail Transport, with the special facilities provided by British Railways for this purpose, has not only led to increased availability of ambulances; but also provides a more comfortable, speedy, and economical method of travel for patients having to travel long distances. The British Red Cross Society has continued to supply volunteer attendants for patients travelling by rail.

There were some troubles during the year as regards the hours and conditions of work of the staff, necessitating some adjustment: but so far as the service to the public was concerned this worked smoothly and efficiently: complaints were very few indeed, and mostly related to the lack of an attendant.

	Wholetime Driver/ Attendants	Ambulances	Cars	Utilecons
<u>N.E. AREA</u>				
Aldershot - Main Station	10	4	1	-
Farnborough - Sub-Station	2	2	-	-
Basingstoke " "	3	2	-	-
Alton " "	2	2	-	-
Hartley Wintney "	1	1	-	-
	18	11	1	0
<u>CENTRAL AREA</u>				
Winchester - Main Station	11	5	1	-
Eastleigh - Sub-Station	3	2	1	-
Andover " "	2	2	-	-
Broughton " "	1	1	-	-
Whitchurch " "	-	1	-	-
Romsey " "	-	1	-	-
	17	12	2	0
<u>S.E. AREA</u>				
Fareham - Main Station	11	4	1	-
Havant - Sub-Station	5	2	-	1
Gosport " "	4	3	-	-
Petersfield " "	2	2	-	-
Hedge End " "	2	1	-	-
	24	12	1	1
<u>S.W. AREA</u>				
Lymington - Main Station	10	3	-	1
Christchurch - Sub-Station	4	2	-	-
Totton " "	3	2	-	-
Ringwood " "	-	1	-	-
Fawley " "	1	1	-	-
New Milton " "	1	1	-	-
	19	10	0	1
TOTAL	78	45	4	2

HEALTH CONTROL OF AIRPORTS

Blackbushe Airport

The following table shows the traffic at this airport with the medical arrangements remaining unchanged. No special difficulties arose during the year. The figures for 1952 were 1,349 aircraft and 33,380 passengers.

<u>Area Aircraft arriving from</u>	<u>Aircraft</u>	<u>Passengers</u>
Excepted Area	433	5,342
Europe outside Excepted Area	524	8,433
North America	100	2,022
Central and South America	3	110
Africa	590	19,219
Asia	13	239
Total	<u>1,663</u>	<u>35,365</u>

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

A. Tuberculosis

(i) The arrangements whereby the County Council reimburses the Regional Hospital Board for the proportion of salaries, etc. of Chest Physicians in respect of their work for the Local Health Authority in addition to providing Tuberculosis Health Visitors, continued during 1953.

As mentioned in my Report for last year, co-ordination is achieved through the Administrative Chest Physician at the Western Area Headquarters of the South West Metropolitan Regional Hospital Board, and much mutual benefit is obtained from the quarterly meetings of Chest Physicians arranged by the Administrative Chest Physician to which Medical Officers of Health of the County and County Boroughs in the Western Area are invited.

(ii) Voluntary Care Committees

During 1953 much excellent work has been carried out by the five Voluntary Tuberculosis Care Committees. It is hoped that further Care Committees will be established so that eventually the whole of the Administrative County will be covered. The five Care Committees operating at the end of the year were as follows :-

1. Christchurch, Lymington and District
2. Totton, New Forest and District
3. Eastleigh and District
4. Gosport
5. Winchester and District.

It is interesting to note from the Reports of the various Care Committees that in addition to providing extra nourishment, clothing, fares, etc., much good work has been done towards rehabilitating patients. The help and friendly advice given to the patient, and particularly the family, is very well received and has gone a little way towards helping the Chest Physician and the Tuberculosis Health Visitor in their task.

Another point noted from the Reports is the co-operation between Voluntary Care Committees and other statutory and voluntary organisations which has done much to solve many of the individual problems met with.

Some Committees covering the large rural areas have appointed area representatives and they have been able to give information upon local conditions which has helped not only the Chest Physician but the patient and his family.

It is inadequate to report by way of a few statistics the tremendous value of the work done by Voluntary Committees. The knowledge that such a Committee exists can make just that difference to the patient and his or her family, thus helping the Chest Physicians and Tuberculosis Health Visitors in their rehabilitation of those concerned.

The gratitude of patients helped is overwhelming but it has been found that Care Committees need to be on the look-out for ways of giving help and guidance so very often not asked for by the patient who often seems reluctant to seek voluntary help. By this means the real work of the Care Committee can be extended.

The main funds of the Care Committees have again been obtained through sales of Christmas Seals, house-to-house collections, mile of pennies and numerous special small efforts on behalf of individual Committees. To assist them in their work Grants have been made by the Local Health Authority.

The Health Committee of the County Council has set aside a small sum to help cases specially recommended by Chest Physicians where, had there been a Voluntary Care Committee, help would have been forthcoming from that source. During 1953 10 cases were helped through this special fund.

Over 200 cases have received help, guidance or advice through the Voluntary Tuberculosis Care Committees, all of whom took special action at Christmas-time in order to ensure a reasonable Christmas for families in their care and particularly the children.

A joint meeting of Care Committees was held towards the end of the year when mutual problems were discussed.

(iii) Beds and Bedding

In addition to the help given to patients and their families through the Voluntary Care Committees the Local Health Authority supplied on loan to tuberculous patients :

	<u>Beds</u>	<u>Blankets</u>	<u>Mattresses</u>	<u>Pillows</u>	<u>Pillow Cases</u>	<u>Sheets</u>
1953	31	107	27	65	114	122
1952	19	67	19	38	67	79
Total equipment on loan on 31.12.53 :-						
	86	337	98	177	468	367

Forty-nine patients are concerned.

(iv) Extra Nourishment

Extra nourishment was supplied by the Local Health Authority to 114 patients at the 31st December, 1953. This increase from 1952 is largely accounted for by a revision of the assessment scale in June, 1952, which resulted in more cases qualifying for Grants. During 1953 124 patients were recommended for extra nourishment, 96 of them receiving a Grant. Income in excess of the necessitous scale, recommendations being withdrawn by Chest Physicians, or patients being admitted to sanatoria before Grant could operate, account for the 28 cases not receiving Grant during the year.

The following table shows the growth of the Service during the year :-

	<u>Patients</u>	<u>Milk</u> <u>Pts. per day</u>	<u>Eggs</u> <u>Per week</u>
Cases in force at 1.1.53. ...	50	72 $\frac{1}{2}$	3
Recommendations 124) Refused 28			
) Granted 96	96	164 $\frac{1}{2}$	94
Old cases recommenced ...	<u>10</u>	<u>16$\frac{1}{2}$</u>	<u>6</u>
Total cases commenced ...	156	253 $\frac{1}{2}$	103
Total cases ceased ...	<u>42</u>	<u>72$\frac{1}{2}$</u>	<u>32</u>
Total cases in force at 31.12.53	114	181	71

(v) Shelters

During the year 7 shelters were returned to store and 4 were loaned out. At 31st December, 1953, 25 shelters were on loan, 2 were permanently sited at Highfield Hostel and 21 were in store.

The attention of Chest Physicians has been called to the low demand for the issue of Shelters but this does, no doubt, reflect the improved housing conditions.

(vi) Mount Industries

The Local Health Authority continues to maintain its sheltered industry situated in the grounds of the Mount Sanatorium, Bishopstoke, and provides employment for a maximum of 32 men and a few patient trainees. Hospital furniture, office furniture, educational toys, etc., are produced. Some of the workers live at a nearby Hostel which is maintained by the County Council to accommodate 10-14 men; others live close at hand or travel each day to the Industry. The men and trainees are under the medical supervision of the Medical Superintendent of the Sanatorium and during 1953 the Ministry of Labour and National Service recognised the industry as a training establishment under the Disabled Persons (Employment) Act, 1944.

The Ministry of Labour and National Service pays training allowances to accepted trainees, and the County Council receives a training grant. Those men living at the Hostel receive a Hostel allowance and those travelling to the Industry a special travelling allowance. The scheme operated as from the 2nd September, 1953, and with the most helpful co-operation of the Ministry of Labour and National Service Officers, has worked very smoothly.

During 1953 the County Council approved the plans for the erection of a new workshop and various adaptations to improve the working facilities at the Industry. Approval of these plans by the Ministry of Health and the Ministry of Labour and National Service has now been obtained and it is hoped that work will start towards the end of 1954. In this and all matters relating to the Industry the County Council has continued to have the fullest co-operation of the Regional Hospital Board through the appropriate Group Hospital Management Committee. At the end of 1953 the staff and workers numbered 2 administrative, 11 Mount Industry employees, 13 Ministry of Labour and National Service trainees, plus 4 patient trainees.

During the year many displays were arranged, including those at -

The North of England Education Conference	Blackpool	January
National Union of Teachers Conference	Blackpool	Easter
Warwickshire Teachers Conference	Stratford on Avon	October
London Head Teachers Conference	London	October
Surrey Teachers Conference	Epsom	November

The year has, I feel, been a good one for the Industry and much of the success and smooth running is attributed to the exceedingly good work done by the Manager, Mr. E.W. Corlett, whose efforts have been tireless. He enjoys the confidence of all the men and a very happy atmosphere prevails. Many visitors have been to see the Industry during the year.

(vii) Other Schemes of Rehabilitation

The Health Committee at the 1st January, 1953, was responsible for 5 patients admitted to the British Legion Village at Enham Alamein, of whom 2 were working and a charge on the County Funds.

During the year one patient entered, 4 commenced work and became chargeable to the County and 4 left. At the 31st December, 1953, 2 patients were at the Village both of whom were working and chargeable to the County. The cost to the County for the year was £637. 4s. Od.

B. Medical Loan and Comfort Depots

The Order of St. John Ambulance Brigade maintains 28 Medical Comfort Depots in the County area from which, during 1953, 2,401 articles were loaned. The St. John Ambulance Brigade maintains an independent service. The British Red Cross Society maintain 97 Medical Loan Depots in the County area and is subsidised by the County Council. During 1953, 5,641 articles were loaned. The articles in most demand are air rings, mackintosh sheets, bed pans, urinals and invalid chairs. There has been an increased demand for special items for paraplegics. To meet this demand a Central Depot of special equipment is being maintained and built up at the County Headquarters of the British Red Cross Society.

C. Health Education

As mentioned in my previous reports, Health Education forms a normal part of every aspect of the service. Throughout the year numerous members of the medical, dental, nursing and administrative staff have given special talks to a variety of organisations on numerous subjects, including prevention of illness, care and after-care. Similarly, when during the year many overseas Local Government students are received, their special attention is called to the need for a continuous Health Education drive.

The County Council as Local Health Authority maintains its Grant of £135 to the Central Council for Health Education and supplies Assistant County Medical Officers, Health Visitors, Officers, etc., with much literature.

There is complete co-operation with the Lecturer in Health Education on the staff of the County Education Officer, and members of the Medical Staff give talks to school leavers as do Health Visitors, as and when required.

In October 1953 a one day course for Public Health Nurses and Sanitary Inspectors was arranged through the Central Council for Health Education when over 70 officers heard talks and took part in discussions on "The Theory and Practice of Health Education". Dr. A.J. Dalzell-Ward, Deputy Medical Director, and Mr. Emrys Davies, Education Officer of the Central Council for Health Education were the principle lecturers.

Several requests were received for the Health Visitors to give group talks to members of Women's Institutes, Young Wives Groups, Mothers' Unions, etc., the Health Visitors working in the area meeting the demand.

The C.D. Officer in one area requested a Health Visitor to give a talk on "The Care of the Child in the Shelter".

D. Holiday Home Scheme ³⁸

During 1953 145 patients were accepted as Holiday Home cases under Section 28, but as 22 declined the arrangements made for them, a total number of 123 patients were admitted to convalescent homes. A further 15 cases referred were not accepted as the cases were outside the scope of the Holiday Home Scheme. The majority of the 22 cases accepted but not admitted to Homes intimated that private arrangements for recuperation had been made.

Referrals. The monthly case referral rate (excluding refusals and accepted cases not admitted) divided into male and female groups is as follows :-

Jan	Feb	Mar	Apl	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	
2	4	1	5	4	3	3	4	2	-	-	1	- 29 Male
3	9	8	13	9	9	14	7	10	6	4	2	- 94 Female
5	13	9	18	13	12	17	11	12	6	4	3	- 123 Total

Of the above cases 21 were children under school age, whilst 3 mothers had their babies admitted to the Homes with them.

The 123 cases were referred by, or through, the following :-

Almoners	81	Diocesan Moral Welfare Workers	2
A.C.M.O's and		Private Practitioners	25
Health Visitors	12	Probation Officer	1
Psychiatrist	1	County Children's Officer	1

A medical certificate was submitted with each referral or was requested prior to consideration of each case.

Vacancies. Where Almoners of Hospitals referred cases they invariably obtained a vacancy in a Home suitable for the patient. The Probation Officer and the Diocesan Moral Welfare Workers secured the vacancies for the cases referred by them, whilst the remainder (46) were obtained by the Health Department. The average time taken to arrange and effect admission in these latter cases was 19 days; although this "waiting period" was considerably reduced in several of the more urgent cases with the helpful co-operation of officials of some of the Homes. The fact that the greatest demand for vacancies occurs during the summer months means that normal applications can only be accepted in strict rotation. It was more difficult to obtain vacancies for mothers accompanied by babies than any other category of patient; very few Homes within reasonable travelling distance of the County have such accommodation available.

Length of Stay. The average length of stay for patients was 25 days. Two patients left before their full periods had expired, the reasons given being "homesickness" and "inability to settle". The average length of stay for children under school age was 66 days, such lengthy periods being necessary for most of the children who were admitted suffered from malnutrition and/or home mismanagement. The conditions of the children, however, were either not severe enough to warrant admission to hospitals, or, the children had been in hospital and were referred following in-patient treatment, it being necessary to maintain and improve their health. In several instances a guarded diet and adequate care were essentials, but such provision could not be made in the poor home conditions prevailing, hence the need for admission to convalescent homes.

Recommendations for admission to convalescent homes may be classed in the following categories :-

* Excluding 53 children (23 boys, 30 girls) sent to Holiday Homes under the School Health Services - Education Committee.

Following in-patient hospital treatment	...	44
Following illness at home	... ..	23
Anxiety neurosis, fatigue and debility	...	23
Following out-patient hospital treatment	...	20
Malnutrition, failure to thrive	... ..	10
Detrimental home environment and nervousness attributable to friction in the home	...	3

Assessments. Financial assessments for contributions towards the cost of convalescence were made in all cases, and a greater proportion than hitherto resulted in Nil assessments: 39 patients were not required to contribute anything, which represents a proportion of nearly one Nil assessment in every three made. Part of the reason for the increase in the number of Nil assessment cases may be traced to the fact that Almoners and General Practitioners are becoming more aware of the financial implications of the Holiday Home Scheme, and therefore the trend has been to recommend more patients in the lower income group. Fifteen cases referred were required to pay for the full cost of their maintenance, and in all but one instance accepted the assessment without comment. The proportion assessed to be recovered from patients during the year amounted to approximately £1 recovered for every £6 spent.

Three cases were referred to the Health (General Purposes) Sub-Committee for consideration, and the Committee decided that the two appeals against assessments should not be upheld, and the assessments were therefore not revised. In the third case where an incomplete assessment was the problem, the Committee agreed that the matter be not proceeded with owing to the inability to trace the whereabouts of the patient after convalescence.

A closer liaison with the County Treasurer's Department and a revised financial questionnaire enabled a closer watch and control over debtors than previously. Experience over the latter six months of the year showed encouraging trends towards the elimination of outstanding accounts. The Assessment Scale was not varied throughout the whole year.

General Comments. That there is a real need for Holiday Home provision has been proved by the increasing numbers referred over the past few years, and 1953 again reflected a numerical increase. The periods of convalescence received by patients of greatly differing circumstances have undoubtedly been appreciated, and many expressions of thanks for the benefits derived from the rest and change of air have been received. It is apparent too from comments made that the Homes used have maintained a good standard despite the lack of statutory requirements, and no complaints from patients were received.

The Hospital Almoners were of great assistance in booking and arranging vacancies for patients in their hospitals or attending out-patient clinics and referred by them for convalescence. The only difficulty encountered in this connection has been where vacancies have been booked in advance by the Almoners for cases which have proved to be inadmissible to the Scheme, and some cancellations because of this had to be made. Generally, however, the advantages of the Almoners arranging vacancies far outweigh the disadvantages, and one effect has been the earlier referral of borderline cases.

With reference to the 22 accepted cases who were not admitted to Homes, it seems probable that the fear of the financial assessment may have induced some of them to have refused the arrangements made.

E. Epileptics and Spastics

There is no information available in the Health Department as to the incidence of epilepsy or cerebral palsy apart from the number of children of school age who suffer from these complaints to such a degree that special educational treatment is required. There are known to be others who do not need special educational treatment because of the mildness with which they are affected. The names of all children

who have needed special consideration while at school are passed to the County Education Officer for information of the Youth Employment Officers and to the County Welfare Officer for attention of his department, so that appropriate employment can be found and supervision of their welfare be maintained.

The number of children from the age of 2 to 15 who had been ascertained as epileptic on 31st December, 1953 was 11 and as physically handicapped because of cerebral palsy was 69. There are in addition known to this department, a number who suffer from mental defect as well as epilepsy or cerebral palsy to such an extent as to render them incapable of education, and a large number who, as mentioned before, are affected so slightly as to need no special provision made for them.

HEALTH CENTRES

No building of any Health Centre has yet been considered. During the year it was decided not to proceed with reserving sites for a Health Centre at Fleet or at Chandlers Ford. A plot of land adjoining a group practice surgery in the Leigh Park area was defined for the purposes of a Health Centre.

MENTAL HEALTH

1. Administration

(a) Committee. The Mental Health Services under Sections 28 and 51 of the National Health Service Act are administered on behalf of the Local Health Authority by the Mental Health Sub-Committee of the Health Committee to whom is referred the detailed administration of the Mental Health Services.

The Sub-Committee, which meets bi-monthly, consists of 9 members of the Health Committee and 5 co-opted members.

(b) Staff

Medical Staff

County Medical Officer (5% of time)
Deputy County Medical Officer (5% of time)
Half-time Senior Assistant Medical Officer for
Mental Health (100% of time).

The Senior Assistant County Medical Officer is responsible to the County Medical Officer for the Mental Health Services. He is assisted by part-time services of those Assistant County Medical Officers who are approved Medical Officers under the Education Act, and by General Medical Practitioners for petition work. The whole-time officers of the Regional Hospital Board are available for consultation under the Mental Deficiency Acts.

Non-Medical Professional Staff

One Senior Mental Health Social Worker and Chief
Petitioning Officer (female)
One Deputy Petitioning Officer and Mental Health
Social Worker (female)
One Social Worker (female)
Equivalent of 2 Area Duty Authorised Officers distributed
among 8 Area Welfare Officers (2 female, 6 male).

In addition the services of a variable number (56 at the end of 1953) of female and male voluntary visitors, members of the Hampshire Voluntary Association for Mental Welfare, are also utilised to an extent governed by the time the volunteer can give to the work and the area he or she can cover.

Occupation Centre Staff

There are 6 Supervisors, 6 Assistant Supervisors, 1 Assistant and 4 cook-helpers. The Mental Health Social Worker who also acts as Deputy Petitioning Officer, supervises the Occupation Centre training.

Clerical Staff

Senior Clerk (grade Higher Clerical Division)

3 Clerk/Shorthand-Typists (grade General Division)

(c) Co-ordination with Regional Hospital Boards, etc.

There is representation of the County Council on the Coldeast and Tatchbury Mount Hospital Management Committee.

The Medical Officers of the hospitals for the mentally defective and the mentally ill act as consultants when necessary. Patients are seen at the following Out-Patient Clinics established throughout the County :-

<u>Clinic</u>	<u>Type</u>	<u>Day</u>	<u>Time</u>	<u>Hospital staffing clinic</u>
By timed appointment only				
Ravenswood House	All-purpose	Monday	2.30 p.m.	Knowle
Knowle Hospital	All-purpose	Tuesday	2.30 p.m.	Knowle
Fareham.	All-purpose	Wednesday	2.30 p.m.	Knowle
(Wickham 3169)	All-purpose	Friday	2.30 p.m.	Knowle
King's Park Road,	All-purpose	Tuesday	10 a.m.	Knowle
Health Centre,	All-purpose	Tuesday	2 p.m.	Knowle
Southampton.	All-purpose	Friday	10 a.m.	Knowle
	All-purpose	Friday	2 p.m.	Knowle
	All-purpose	Saturday	10 a.m.	Knowle
Christchurch Health Centre	All-purpose	Thursday	2.30 p.m.	Knowle
Gosport	All-purpose	Friday	10 a.m.	Knowle
Holbrook Health Centre				
Pinewood House,	Electrical)	Monday	2.p.m.	Park Prewett
Park Prewett Hospital	treatment)			
Basingstoke	All-purpose	Monday	2 p.m.	Park Prewett
(Basingstoke 510)	All-purpose	Tuesday	2 p.m.	Park Prewett
	Electrical)	Thursday	2 p.m.	Park Prewett
	treatment)			
	All-purpose	Thursday	2 p.m.	Park Prewett
Royal Hants County	All-purpose	Tuesday	2.15 p.m.	Park Prewett
Hospital,	All-purpose	Thursday	2.30 p.m.	Park Prewett
Winchester.(Win.5151)	All-purpose	Friday	2.15 p.m.	Park Prewett
Alton General Hospital	All-purpose	Tuesday	2.30 p.m.	Park Prewett
(Alton 2061)				
Andover Health Centre	All-purpose	1st,3rd &	2.15 p.m.	Park Prewett
(Appointments made		5th Tues.		
at Park Prewett		in month		
Hospital, Basingstoke)				
Aldershot Hospital	All-purpose	Tuesday	2 p.m.	Park Prewett
St. Georges Road,	All-purpose	Friday	2.15 p.m.	Park Prewett
Aldershot (Ald. 192)				

Mental Deficiency Clinics

Mental deficiency cases in the middle and southern part of the County are seen by special appointment by the medical staff of Coldeast and Tatchbury Mount Hospital Group. Cases in the northern part of the County can be seen by arrangement at St. Mary's Home, Alton, by the medical staff of Botleys Park Hospital, Chertsey.

The supervision of patients on licence from the hospitals for mental defectives within the County is undertaken by the Coldeast and Tatchbury Mount Group Hospital Management Committee's Social Workers; cases on licence in the County from hospitals outside the County are supervised, by arrangement, by officers of this Authority who are also available for any other enquiries on behalf of the Committee concerned. The medical certificates and reports required when the Orders are to be renewed are provided as requested by the staff of the Health Department. Patients on trial from, or out-patients attending, the mental hospitals are supervised by the Social Worker of the hospital. Similarly, the after-care of ex-service personnel has been undertaken by the officers of the Hospital Management Committee of the appropriate mental hospital. Soldiers discharged from the Army on psychiatric grounds are visited by an Area Welfare Officer who refers cases, if necessary, to a psychiatrist.

(d) Duties delegated to Voluntary Associations

No duties have been delegated to Voluntary Associations but the services of visitors of the Hampshire Voluntary Association for Mental Welfare are used in connection with the periodical visiting of mental defectives. A grant is made to the Association; the secretarial duties are undertaken by the senior clerk. The Brighton Guardianship Society has been helpful in finding suitable guardians and at the end of 1953 there were 6 cases so placed. The services of the National Association for Mental Health have been used on occasion in securing holidays and in advising on general matters.

(e) Training

Advantage is taken of the refresher courses run by the National Association for Mental Health and other bodies for Duly Authorised Officers and staff of Occupation Centres. During the year one unqualified Supervisor and one unqualified Assistant attended the refresher course.

2. Account of Work undertaken in the Community

(A) Under Section 28 of the National Health Service Act, 1946
Prevention, Care and After-Care

As mentioned previously, after-care of the mentally ill is undertaken by a Social Worker of the mental hospital who is in a better position to be of help than the staff of the Health Department. A close liaison, however, has been effected between the Area Welfare Officers and the Hospital Social Workers in order that provision can be made for adequate after-care facilities.

In regard to prevention of mental illness, it has been shown that the general work of the Area Welfare Officers is largely preventive in character directed as it is to the obviation of all physical and mental breakdown. This work includes assistance in dealing with employment, marital, domestic and housing problems, the solution of which is without doubt conducive to the prevention of mental illness.

(B) Under the Lunacy and Mental Treatment Acts, 1890-1930
by Duly Authorised Officers

These services are administered on my behalf by the County Welfare Officer.

The 8 Area Welfare Officers, augmented in emergency by the 2 Headquarter's Officers, who are also designated as reserve "Authorised Officers", carried out the work set out in the table overleaf.

As Duly Authorised Officers their work includes :

1. Obtaining Orders for, and removal of, certified cases to mental hospitals under Lunacy Acts.
2. Removal of uncertified cases to other hospitals for "observation" under 3-day Orders under Lunacy Act, 1890, Section 20.
3. Assisting in admission to voluntary or of temporary patients to mental hospitals, under the Mental Treatment Act, 1930.

Each Officer is primarily responsible for a particular area of the County; special arrangements are made, however, for holiday periods and week-ends.

Action taken during 1953 under the above Acts by Duly Authorised Officers was as follows :-

Patients admitted to Mental Hospitals :

Under Section 11 of the Lunacy Act	...	...	46	
Under Sections 14, 15 and 16 of the Lunacy Act			322	
Under Section 20 of the Lunacy Act	...	...	<u>321</u>	689
Under Section 1 of the Mental Treatment Act	...		194	
Under Section 5 of the Mental Treatment Act	...		<u>40</u>	<u>234</u>
				<u>923</u>

In regard to old people, I am informed by the County Welfare Officer that the arrangement for the reception of aged patients from Mental Hospitals into Welfare Establishments is now dealt with on the same basis as the reception of patients whose health has improved at general hospitals.

Towards the end of the year a request was made to the Regional Hospital Board to review the Catchment areas served by Hospitals with observation accommodation and Mental Hospitals with the object of securing that patients should be dealt with at Out-Patient Clinic, Observation Hospital and Mental Hospital by the same psychiatrist.

(C) Under the Mental Deficiency Acts, 1913-1938

(i) Ascertainment, etc.

As regards ascertainment, the two chief sources of referral are the Education Authority (in regard to children aged 2 to 16), and the Health Visiting Service (in connection with children under the age of 2), but some cases are referred for ascertainment by relatives, general medical practitioners, employers and employment agencies, hospitals, voluntary societies, etc. All ascertainment, except for a few cases ascertained by the Regional Hospital Board's Consultants, is carried out by the medical staff of the Department. All the Medical Officers approved by the Ministry of Education for the ascertainment of educationally subnormal children are designated by the Health Committee as Certifying Officers under the Mental Deficiency Acts.

One hundred and sixty-eight new cases of mental deficiency within the meaning of the Mental Deficiency Acts have been ascertained in the year. Of these, 38 were provided with institutional care and / or training, 127 were placed under supervision, and 1 under guardianship. The remainder (one) is visited not less often than annually.

At the end of the year, the total of 919 mental defectives outside recognised mental deficiency institutions included 70 awaiting admission to a training institution, 548 under supervision only, 45 under guardianship and 326 under voluntary supervision.

The catchment areas for the mental deficiency hospitals of the South West Metropolitan Regional Hospital Board are as follows :-

	<u>Total</u> <u>Accommodation</u>	<u>Basis of Admission</u>
Botleys Park Group	1538	(West Surrey 3 cases (Hampshire 2 cases (Portsmouth 1 case
Coldeast Group:		(Hampshire 4 cases
Coldeast Hospital 640)		(Dorset 4 cases
Tatchbury Mount Hosp. 393)		(Southampton 3 cases
Titchborne Down House 109)		(Bournemouth 2 cases
Coldharbour Hospital 150)		(Isle of Wight Occasional
Hostels (Donnead and		vacancy
Bereweeko) 40)	1332	(Wiltshire 1 case

The waiting list for hospital cases does not appreciably decrease with the passing of the years. For this there are various reasons. Despite the provision of more beds, the number of requests for admission increases at an even greater rate; it may be that parents or guardians are nowadays becoming less willing to accept the responsibility of caring for their defective children: it may be that housing and social conditions are such as to make more demands for institutional care. One question which has to be considered is whether an adequate and proper use is being made of hospital beds. It is possible that a more rapid turnover of beds could be arranged, bearing in mind that although there is an element of risk in licencing cases not perhaps considered satisfying all the criteria for taking such a step, that risk has to be weighed against the grave social problems created by the prevention of admission of more urgent cases from the community. It may be said that the types of cases are not comparable; the case considered for licence is usually medium or high-grade, the case requiring urgent admission may be low-grade, but this is not always so, and one is tempted to think that perhaps a more careful scrutiny of home circumstances of hospital cases, a more thorough investigation at the time a patient's Order is due for renewal, a greater awareness by Hospital Management Committees of the supervisory and training functions of a Local Health Authority and the possibility of guardianship in the community might enable recommendations, if not for discharge, at least for a period of trial on licence to be contemplated.

Visits by Social Workers to mental defectives in the community are made about an average of quarterly.

Guardianship cases are visited at least quarterly by a Social Worker and at least annually by a Medical Officer. Whenever possible, attendance at an Occupation Centre is arranged. This applies to ex-County guardianship cases in Hampshire and to Hampshire cases resident elsewhere.

(ii) Occupation and training outside the Home or Institution
County Council Occupation Centres

Six County Council Occupation Centres, at Aldershot, Basingstoke, Christchurch, Gosport, Havant and Winchester are functioning. The Havant Occupation Centre was opened in September 1953. Transport difficulties provide the greatest obstacle to increased attendance - the existing Centres serve wide areas. The following table shows the increase over the past 5 years in the number of trainees daily attending the Occupation Centres :

Centre	Oct. 1949		Oct. 1950		Oct. 1951		Oct. 1952		Oct. 1953	
	No. on Roll	Av. Attd	No. on Roll	Av. Attd	No. on Roll	Av. Attd	No. on Roll	Av. Attd	No. on Roll	Av. Attd
Aldershot	17	14	23	19.3	29	22.5	31	24.4	31	24.76
Basingstoke	-	-	-	-	-	-	16	9.1	22	18.35
Christchurch	12	11	22	12.5	20	15.7	22	19.7	28	25.50
Gosport	19	17.1	24	17.6	27	22.4	26	15	23	18.40
Havant	-	-	-	-	-	-	-	-	21	16.90
Winchester	18	13.4	35	24.9	43	32.9	40	24.6	33	20.7
Totals	66	55.5	104	74.3	119	93.5	135	92.8	158	124.61

Work has gone on quite steadily in the Occupation Centres of the County. The Basingstoke Centre, opened in September, 1952, had 22 pupils on the roll in March, 1953. It caters for the needs of a wide rural area, as far as Ragged Appleshaw in the west, Odiham in the east, and Mattingley in the north.

The Centres have all had most successful Christmas parties, and summer outings continue to have the encouraging support of the local Voluntary Committees. Open Days were held at each Centre during the year. On these days interested people were invited, talks were arranged and demonstrations were given by the pupils. In this way local interest was stimulated.

Parents' meetings have been held regularly in each Centre though their frequency varies. In Aldershot the parents meet on the first Monday of every month during the afternoon, a speaker being obtained for each meeting. Talks have been varied and most interesting and all have helped to widen the outlook of the parents. In the other Centres, one has been held each term; the parents continue to be helpful and enthusiastic, encouraged as they are by the counsel offered them at the various meetings.

In addition a number of pupils attend out-County Centres at Southampton, Salisbury and Coldeast Hospital. Attendance is not compulsory but one of the Social Worker's main duties is to encourage a parent to allow the defective to attend. There are no Industrial Centres: there is no organised system of home teaching, although the Social Workers endeavour to give a measure of instruction to those unable to attend Occupation Centres. The appointment of a Home Teacher was being considered by the Committee at the close of the year.

With the steady expansion of Centres since 1948 it might be thought that the numbers would continue to increase almost indefinitely. The possibility of a "snowball" effect was viewed with some apprehension particularly as the training offered was not likely, because of their mental capacity, to equip them sufficiently to take up anything but the most sheltered type of employment. Experience has shown that only in a very small percentage of cases is the defective able to leave the Centre and take up work in the accepted sense of the word. It is found that only the simplest work, of an unskilled nature and not lasting too long, is within his capabilities. Examples of this are routine jobs in laundries, some hole-filling or levelling in a cemetery or perhaps helping with newspaper delivery, although the last is usually beyond them. Ability to keep a particular job reflects as much the sympathetic supervision shown by the employer as the mental capacity of the defective. The following Table I shows the number of defectives on the rolls of Hampshire Occupation Centres in April, 1951, and the number of those who, at the end of 1953, no longer attended.

TABLE I

Centre	April, 1951 No. on roll	No. no longer attending	Present Roll December, 1953
Aldershot	27	12	32
Christchurch	15	4	27
Gosport	26	14	23
Winchester	41	17	35
Totals	109	47	117

The numbers on the roll in December, 1953, are also shown in case it be thought that the attendances had dropped since 1951. It can be seen that, for various reasons given in Table II, 47 out of 109 children (43%) had given up attendance. Reasons, as can be seen, are varied and in a few instances the reason was a combination of two factors, such as difficult transport and poor health. It will be noted that the commonest reason for removal was the making of a Mental Deficiency Order, showing as it does how near the threshold of the institution stand many of the defectives attending Centres.

The case at Aldershot placed under a Guardianship Order eventually attended, and still attends (December 1953), Christchurch Occupation Centre. The 3 Winchester cases who left for a more convenient Centre began to attend Basingstoke Occupation Centre when it opened in 1952. Three of the 4 cases who left because of the provision of special educational treatment, were dealt with under Section 8 of the Education (Miscellaneous Provisions) Act, 1948. The other had attended "unofficially" pending such provision.

The fear felt at the possibility of a steadily increasing number of defectives attending Occupation Centres can therefore be dispelled. The numbers would seem to be self-limiting.

TABLE II

Centre	Aldershot	Christchurch	Gosport	Winchester	Total
Admissions to Institutions	5	1	3	2	11
Lunacy Act Guardianship Order made	-	-	1	-	1
S.E.T. arranged	1	-	-	-	1
To Private School	1	-	2	1	4
Removed from County	-	-	1	-	1
Simple work	3	-	1	2	6
Licence withdrawn	2	-	2	3	7
Died	-	1	-	-	1
Excluded	-	-	1	1	2
Health reasons	-	1	-	-	1
Transport difficulties	-	-	1	2	3
To more convenient Occupation Centre	-	-	-	2	2
Parents refused consent	-	-	3	-	3
	-	1	2	1	4
Totals	12	4	14	17	47

BLIND

During 1953 43 men and 84 women were certified as blind - a total of 127 against 153 in 1952. Of these 13 males and 6 females were under 60 years of age (i.e. born in 1894 or later) when certified, or approximately 15 per cent. The year of birth and the cause of blindness in these cases was as under :-

<u>Male</u>		<u>Female</u>	
1952	Retrolental fibroplasia	1929	Corneal opacities, due to congenital eye defects
1952	" "	1920	Congenital cataract
1926	Trauma	1919	Optic atrophy
1925	Trauma (War)	1915	Retinitis pigmentosa
1919	Cataract	1900	Corneal nebula
1912	Optic atrophy	1894	Myopic degeneration
1911	Diabetic retinopathy and pituitary tumour		
1909	Retinitis pigmentosa and myopia		
1908	Senile optic atrophy and arteriosclerosis		
1899	Congenital aphakia and retinal changes		
1897	Congenital cataract		
1896	Cataract and diabetes		
1894	Glaucoma		

The cause of blindness was stated to be cataract uncomplicated by other defects in 9 males and 38 females, of whom 4 males and 5 females had already had some surgical treatment and 3 medical; 3 males and 13 females were recommended surgical treatment, 1 male and 1 female optical, and 2 female medical.

In the case of 9 males, the cataract was associated with other defects - in 2 with infection (iridocyclitis and keratitis), 3 with glaucoma, 2 with diabetes and 2 with myopia. Surgical treatment had already been obtained in 4 cases and medical in 2, surgical treatment was recommended in 6 and medical in 1.

Among females, cataract was complicated by keratitis in 3 cases, for one of whom medical treatment was recommended, surgical having been unsuccessful; 5 had macular degeneration (2 of these had previously had surgical treatment) for whom no treatment was recommended; 3 had myopia, one having had previous surgical treatment, surgical treatment was recommended for another; 3 had glaucoma, surgical treatment having previously been obtained in 2 and recommended for the third; one had arteriosclerosis having had surgical treatment and one retinal haemorrhage.

Of all cases where cataract was the cause of blindness alone or with other defects (18 male and 54 female), 20 had previous surgical and 5 medical treatment; 24 were advised surgical, 4 medical and 2 optical treatment.

Glaucoma alone was the cause of blindness in 4 males and 3 females, in 5 of whom surgical and 1 medical treatment had already been obtained, and for 2 of whom surgical and 2 medical treatment was recommended.

Glaucoma complicated with defects other than cataract accounted for blindness in 3 females, 2 of whom had previously had surgical treatment and for none of whom was treatment recommended. In all, blindness was attributed to glaucoma in 7 males and 9 females of whom 3 males and 3 females also suffered from cataract.

Diabetes was the cause of blindness alone in 4 males and 3 females, and associated with cataract in 2 males.

The only other causes I should like to comment on are the congenital, which include congenital cataract, 1; coloboma, 1; anophthalmos, 1; retinitis pigmentosa, 2 and myopia which was an important factor in causing blindness in 3 males and 5 females.

The action taken to follow up the ophthalmic surgeons' recommendations was described in my Report for 1952.

OPHTHALMIA NEONATORUM

Twenty cases were notified during the year. In 19 vision was unimpaired; one left the County before information could be obtained.

H. LESLIE CRONK

County Medical Officer.

September, 1954.

